## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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First Named Inventor	Patrick W. Mullen			
Art Unit	1772			
Examiner Name	Chevalier, Alicia Ann			
Attorney Docket Number	1571.1144-001			

I hereby revoke all previous powers of attorney given in the above-identified application.									
☐ A Power of Attorney is submitted herewith.									
OR									
I hereby appoint the practitioners associated with the Customer Number:  26774							774		
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I am the:  Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	/ Jak								
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of form is submitted.									